

The London Taxicard scheme provides subsidised door-to-door transport for people who have a serious mobility impairment and difficulty in using public transport. If you have a disability lasting for more than 12 months, you may qualify for a Taxicard.

**TAXICARD SHOULD NOT BE USED FOR ANY PERSONAL HOSPITAL APPOINTMENTS. PLEASE CONTACT YOUR GP OR HOSPITAL TO ARRANGE PATIENT TRANSPORT.**

We need to know if this is a NEW application or a Re-Application for an existing Taxicard. Please tick the box below:

<b>Do you have an Ealing Taxicard already?</b>	<b>Yes</b>	<b>No</b>
<b>If Yes, what is your Taxicard number</b>	<b>EA</b>	

**1. Your Personal Details**

The information you give on this form will be used to assess your eligibility to join the Taxicard scheme and will be processed in accordance with the Data Protection Act 1998.

<b>Title (Mr/ Mrs/ Miss/ Ms /Other):</b>	<b>Surname:</b>
<b>Forename:</b>	
<b>Date of Birth:</b>	<b>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></b>
<b>Address:</b>	
<b>Postcode:</b>	
<b>Email address (if applicable):</b>	
<b>Telephone:</b>	<b>Mobile (if applicable):</b>
<b>Name of your council to which you pay your council tax:</b>	

## EALING COUNCIL TAXICARD APPLICATION FORM

### **2. Assessing your Eligibility**

You will normally qualify for the Taxicard scheme if you are registered blind or partially sighted, or receive one of the following benefits:

**Please tick the appropriate box below if applicable:**

- Higher Rate Mobility Component of Disability Living Allowance**
- I receive 8 points or more for the moving around activity component of PIP and I attach a photocopy of my letter of entitlement**

If you cannot produce your letter of entitlement, a replacement may be obtained from the Disability Benefits Agency at the Department of Work and Pension (telephone: 08457 123456).

If DLA or PIP is only given for a temporary period you may only be entitled to a Taxicard for that duration only. If your allowance is due to expire within the next three months your local council may also ask you to provide a copy of your next certificate when it is issued.

- War Pension Mobility Supplement**

I enclose a copy of my original official letter of award.

If you cannot produce your letter of award, a replacement may be obtained from the Veterans Agency (telephone: 0800 169 2277)

- Registered Severely Visually Impaired or Blind**

I enclose a copy of registration with my local authority or my Certificate of Visual Impairment (CVI).

Evidence of registration may be obtained from your local council

### **ALL APPLICANTS MUST COMPLETE THE REST OF THE FORM**

**If you do not, your application form may be returned to request more information**

If you have ticked one of the above, you meet the automatic qualifying criteria for a Taxicard. You must also complete the rest of this form. This will enable the council to decide on the number of trips you should be allocated.

If you do not receive one of the above benefits, you must complete the rest of this form. This will enable us to determine if you are eligible for a discretionary Taxicard. We may request that you attend a mobility assessment.

EALING COUNCIL TAXICARD APPLICATION FORM

**3. Your Health / Disability**

The answers to the questions in this section may determine the number of Taxicard trips allocated to you.

**At this stage we DO NOT require a letter from your Doctor to confirm any medical conditions.**

**A) What are the medical names for your health / disability difficulties?**

**B) How long have you had your disability?**   years   months

**C) Please tell us about the regular journeys you need to make and how you currently use public transport or transport in a car to make these journeys**

EALING COUNCIL TAXICARD APPLICATION FORM

***D) Please tell us about the support you have from friends, family, carers etc to help you travel by car or by public transport***

***E) Please tell us how your disability affects your ability to walk, use public transport or drive***

## EALING COUNCIL TAXICARD APPLICATION FORM

How far can you usually walk in metres or yards?  metres or  yards  
(This includes using a walking aid)

### **Using stairs**

*Please describe your ability to go up and down stairs:*

	<b>Tick here</b>
I can use stairs independently	
I require occasional assistance to use stairs	
I always require the assistance of another person(s) to use stairs	
I am unable to/cannot use stairs	

### **G) Use of wheelchairs/ walking aids outside**

Please tick if any of the following apply to you:

I use a powered wheelchair... <input type="checkbox"/>	I use a manual wheelchair... <input type="checkbox"/>
I use this wheelchair... Sometimes <input type="checkbox"/> Always <input type="checkbox"/>	
I am reliant on someone else to push me in my wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the wheelchair prescribed by? Health professional <input type="checkbox"/> Or brought yourself <input type="checkbox"/>	
I use a walking frame... Sometimes <input type="checkbox"/> Always <input type="checkbox"/>	
I use a walking stick... Sometimes <input type="checkbox"/> Always <input type="checkbox"/>	
I use other walking equipment (please specify):	
I use this equipment... Sometimes <input type="checkbox"/> Always <input type="checkbox"/>	
My walking aid was recommended by:	

## EALING COUNCIL TAXICARD APPLICATION FORM

### **H) Other transport services**

We would like to know what other assisted transport you have available to you. Please indicate whether or not you use any of the following services below:

Dial-a-ride	Yes <input type="checkbox"/>
Community Transport Services (e.g. Plus Bus)	Yes <input type="checkbox"/>
Shop-mobility scheme	Yes <input type="checkbox"/>
Hospital Transport / Patient Transport	Yes <input type="checkbox"/>
Other (Please state):	

**I) Do you receive any social care support e.g. homecare, attending a day centre, residential or nursing care?**

Yes  No

If yes, tell us about the support you receive

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## EALING COUNCIL TAXICARD APPLICATION FORM

### **4. Public Transport Services**

The answers to the questions in this section may determine the number of Taxicard trips allocated to you.

**A) Please indicate whether you use any of the following public transport services, ticking either the yes or no box after each service**

London Dial-a-Ride	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Buses (any types)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trains	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Low Floor buses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tubes	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

**B) Tick the box that best describes your ability to use public transport (tick box)**

I <b>can use</b> public transport for the majority of my journeys but <b>have occasional difficulty</b> in doing so <b>and/or</b> cannot use public transport for some particular journeys	
I have <b>significant difficulty</b> in using public transport for the majority of my journeys, <b>and/or</b> cannot use public transport for some particular journeys	
I am <b>unable</b> to use public transport independently	

**C) Do you have one of the following?**

Older Person's Freedom Pass                      Yes     No

Disabled Person's Freedom Pass                      Yes     No

EALING COUNCIL TAXICARD APPLICATION FORM

**5. Ability to Drive or be Driven**

***A) Describe Your Ability To Drive (tick one box)***

I am unable to drive myself	
I can drive most of the time	

***B) Describe your access to passenger transport in a car (tick one box)***

I can regularly rely on someone for passenger transport in a car	
I do not have anyone I can regularly rely on for passenger transport in a car	

***C) Blue Badge disabled persons parking scheme***

Do you hold a Blue Badge?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>If yes please include your membership number and the issuing authority below:</b>					
Membership no:					
Issuing authority:					
Are you a driver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Or passenger?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



## EALING COUNCIL TAXICARD APPLICATION FORM

### **6. Proof of Identity and Residence**

**You are required to provide proof of your identity and residence. Your application will not be considered without this.** If you have changed your name please provide identity with your current name. Please make sure you provide all proof of evidence stated below along with a photograph.

#### ***A) Proof of identity***

I enclose a **copy** of **one** of the following documents (**please tick**):

Copy of a photocard or paper driving licence	
Copy of passport photo page (current or expired)	
Copy of birth certificate* <small>*if you are married &amp; changed your name, you cannot use your birth certificate</small>	
Copy of Asylum Registration Card or Standard Acknowledgement Letter	
Copy of NHS Medical Card	

If you have been unable to produce one proof of identity you must provide **two** proofs of residence list below. Your local council may wish to make further enquiries to verify your identification and residency.

#### ***B) Proof of residence***

I enclose a **copy** of **one** of the following documents, with my name and address (**please tick**):

Copy of council or housing association rent book	
Copy of tenancy agreement	
Copy of benefits or pension book	
Copy of council tax bill	
Copy of letter of entitlement of benefits or pension	
Copy of a utility bill e.g. gas, electricity, phone, water (Dated within last 3 months)	

#### ***C) Proof of automatic qualifying criteria (if applicable)***

A copy of your CVI registration, a certificate of entitlement to:

- Higher Rate Mobility component of the Disability Living Allowance
- Copy of letter of entitlement to PIP (moving around activity)
- An official letter of award of the War Pensioner's Mobility Supplement, dated within the last year.

**These certificates will be accepted as proof of both identity and residence.**

#### ***D) Photograph:***

I also enclose **one recent passport sized colour photograph** of myself, (taken within the last six months) with my name printed on the back. This will be used as your identify photo on your Taxicard.

## EALING COUNCIL TAXICARD APPLICATION FORM

### **7. Ethnic Monitoring**

We consider all applications fairly, regardless of applicant's sex, race, colour or religion. By monitoring the ethnicity of our service users, we can identify whether we are providing equal access to all groups of people. This section is optional and it will not affect the outcome of your application if you do not complete it. All information will be kept confidential in line with the Data Protection Act 1998.

**Please tick the box which best describes your ethnic origin:**

**A White**

British

Irish

Any other White background

(please specify): \_\_\_\_\_

**B Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

(please specify): \_\_\_\_\_

**C Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background

(please specify): \_\_\_\_\_

**D Black or Black British**

Caribbean

African

Any other Black background

(please specify): \_\_\_\_\_

**E Chinese**

Chinese

**F Other**

Any other ethnic group

(please specify): \_\_\_\_\_

## EALING COUNCIL TAXICARD APPLICATION FORM

### **8. Declaration of Consent**

The personal information that you provide on this form will be shared between your local council and London Councils who issue Taxicards on the council's behalf. This information will be handled in line with the Data Protection Act 1998 and will be used for the purpose of assessing your eligibility to receive the Taxicard service and to manage, monitor and evaluate the service only. Information about you will not be used for any other purpose and third parties will be contacted only with your consent.

London Councils and your local council are under a duty to protect the public funds they administer and may use the information you have provided for the prevention and detection of fraud. We may also share this information with other bodies administering public funds for this purpose.

#### **Please sign the following declaration:**

I declare that the information given on this form is true in all respects. Should any changes occur in my mobility needs, I will inform my local council immediately. I understand that you may prosecute me if I have given any information on this form, which is wrong or untrue, or any supporting documentation, which is false or fraudulent.

I authorise my healthcare professional, social services officer and any contact person nominated on this form to disclose any necessary information for the purpose of assessing my eligibility for a Taxicard.

***Applicant's signature***

***Date***

If you are unable to sign the declaration yourself it may be signed on your behalf by your relative / spouse / person of authority / friend.

If you are under 16 years of age your parent or legal guardian must sign this form.

***Signature of authorised person***

***Print name***

***Relationship to applicant***

***Telephone***

Please return this form to the address below or use the envelope provided:

**Ealing Council Adults Contracts Team,  
Perceval House,  
2<sup>nd</sup> Floor Green,  
14 – 16 Uxbridge Road,  
Ealing, London, W5 2HL**